wade college
founded 1962

PERMISSION REQUEST FOR DUPLICATION OF PRINT MATERIAL

Print Form

To: Publisher's Name and Address

From (Requester):

Title:

Faculty/Staff Member at:

Wade College
1950 Stemmons Frwy., Ste. 4080
LB 562
Dallas, TX 75287
(214) 637-3530 or (800) 624-4850
Fax: (214) 637-0827
www.wadecollege.edu

I am requesting permission to reproduce the following material:

Author/Editor Name:

ISSN / ISBN #:

Title of Work:

Edition/Volume #:

Copyright Date:

Page Number(s):

Material Will Be Used:

Number of Copies to Be Made:

Purpose:

Course Name:

Course Number:

Date(s) to Be Used:

Will Material Be Sold? ☐ Yes ☐ No

If Yes, Explain:

By signing below, I am requesting permission to duplicate the above-listed material(s) for use in conjunction with the course listed above. I understand the significance of copyright infringement and am adhering to policy and guidelines as set forth by my employer, Wade College, in compliance with U. S. Copyright Law. I take full responsibility for any and all uses of the material(s) requested.

Requester's Signature

Date